2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062496

Entity Name: TWO SEASONS RESORTS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
66 HOLLY STREET SEAGROVE BEACH, FL 32459	3004 S HWY 395 SANTA ROSA BCH, FL 32459

Current Mailing Address:	**New Mailing Address:**
66 HOLLY STREET SEAGROVE BEACH, FL 32459	3004 S HWY 395 SANTA ROSA BCH, FL 32459

FEI Number: 20-1535197   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HARTLEY, GEORGE 66 HOLLY STREET SEAGROVE BEACH, FL 32459 US	HARTLEY, GEORGE 3004 S HWY 395 SANTA ROSA BCH, FL 32459 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE HARTLEY   04/15/2009
_____
            Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	BUMPAS, SCOTT	Name:	BUMPAS, SCOTT
Address:	66 HOLLY STREET	Address:	3004 S HWY 395
City-St-Zip:	SEAGROVE BEACH, FL 32459	City-St-Zip:	SANTA ROSA BCH, FL 32459

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	HARTLEY, GEORGE	Name:	HARTLEY, GEORGE
Address:	66 HOLLY STREET	Address:	3004 S HWY 395
City-St-Zip:	SEAGROVE BEACH, FL 32459	City-St-Zip:	SANTA ROSA BCH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE HARTLEY   MGR   04/15/2009
_____
        Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date